

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 05/03/2004		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 05/04/2004						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	1223	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	462	CLIENT NOT ELIGIBLE ON SERVICE DATE	488	2555	4599	2044
		8931	327	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404902	BLUE RIDGE COMM UNITY	8505	2852	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		191	631	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	415	5582	9886	4304
		11	586	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404904	WESTERN HIGHLAN DS LME	8599	189	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8000	143	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	71	519	2796	2277
		191	57	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404905	TREND COMM MENT AL HLTH CTR	8622	172	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	194	290	96
		11	4	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404907	RUTHERFORD-POLK	21	16	DUPLICATE OF CLAIM-SYSTEM				
		191	1	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME	0	17	17	0
3404910	PATHWAYS	8505	3013	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	117	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	3270	3366	96
		11	74	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404912	CATAMBA COUNTYM ENTAL HEALT	8505	913	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	343	CLIENT NOT ELIGIBLE ON SERVICE DATE	274	1673	2896	1223
		8931	167	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404913	MECKLENBURG COMM ENTAL HEALT	21	6999	DUPLICATE OF CLAIM-SYSTEM				
		8599	1924	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1991	14510	44701	30191
		120	1479	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
3404916	CROSSROADS BEHA VIOPAL HEAL	21	4123	DUPLICATE OF CLAIM-SYSTEM				
		8000	485	NO RATE AVAILABLE ON FILE TO P RICE THIS CLAIM DETAIL	161	6716	14350	7634
		191	445	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404917	CENTERPOINT HUM AN SERVICES	8599	2251	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	2063	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	663	6012	8064	2052
		8935	454	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404918	ROCKINGHAM CO M ENTAL HEALT	8505	1500	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	137	CLIENT NOT ELIGIBLE ON SERVICE DATE	95	1926	3584	1658
		8599	77	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN TAL HEALTHC	8505	5162	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	528	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	350	7096	7907	811
		21	408	DUPLICATE OF CLAIM-SYSTEM				
3404920	ALAMANCE CASHEL L AREA MH D	8505	7640	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	1057	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	122	10506	14122	3616
		8599	621	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	5312	5828	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	1890	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	97	9277	12818	3541
		5404	469	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TGS/DOS/MOD				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404922	THE DURHAM CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0		0	0	0	0
3404923	VGFW AREA AUTHO	8505	674	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
		21	281	DUPLICATE OF CLAIM-SYSTEM	11	1275	2968	1693
		11	128	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404924	PIEDMONT AREA M	8525	11	CLAIM DENIED, REFERRING PROVID				
	H/DD/SAS			ER MUST BE AN LMA.				
		8326	3	ATTENDING PROVIDER NUMBER IS R	0	14	14	0
				EQUIRED WHEN BILLED WITH GROUP				
				NUMBER. ADD ATTENDING NUMBER A				
3404925	SANDHILLS CENTE	8599	408	DETAIL NOT COVERED BY COMBINAT				
	R FOR MH/DD			ION OF RECIPIENT, PROVIDER AND				
		8931	101	AMTNC INELIGIBLE TO RECEIVE SE	178	791	5107	4316
				RVICES IN IPRS.				
		8505	74	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404926	SOUTHEASTERN RE	8505	2192	CLAIM DENIED DUE TO INSUFFICIE				
	G MENTAL HL			NT BUDGET				
		21	419	DUPLICATE OF CLAIM-SYSTEM	246	3861	8245	4384
		8599	401	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M	8505	1090	CLAIM DENIED DUE TO INSUFFICIE				
	HC			NT BUDGET				
		8599	266	DETAIL NOT COVERED BY COMBINAT	6	1793	3732	1939
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	165	DUPLICATE OF CLAIM-SYSTEM				
3404929	LEE HARNETT MH/	8505	2878	CLAIM DENIED DUE TO INSUFFICIE				
	DD/SAS			NT BUDGET				
		8599	180	DETAIL NOT COVERED BY COMBINAT	2	3190	4076	886
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	76	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404930	JOHNSTON COUNTY	8505	127	CLAIM DENIED DUE TO INSUFFICIE				
	MNTH HLTHC			NT BUDGET				
		8800	7	FURTHER PROCESSING NECESSARY,	3	150	1036	886
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	5	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

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3404931	WAKE CO HUM SVC BILLING OF	8505	11753	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	2220	CLIENT NOT ELIGIBLE ON SERVICE DATE	39	14537	15114	577
		8800	331	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404932	RANDOLPH/SANDHI LLS CO MR C	8505	306	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	56	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	382	408	26
		11	15	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404933	SOUTHEASTERN CT R FOR MH/DD	8505	2651	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	243	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	130	3719	5902	2183
		237	222	TOTAL BILLED DOES NOT EQUAL TH E SUM OF DETAILS BILLED.				
3404934	ONSLow COUNTY B BEHAVIORAL H	8599	273	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	218	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	6	688	1904	1216
		11	50	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	465	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8931	92	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	114	686	2562	1876
		8800	29	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	757	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	377	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	36	1659	5630	3971
		21	171	DUPLICATE OF CLAIM-SYSTEM				
3404938	RIVERSTONE MENT AL HEALTH C	8599	523	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	153	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	179	1256	7552	6296
		191	123	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404939	NEUSE MENTAL HE ALTH CENTER	8599	1027	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	1011	DUPLICATE OF CLAIM-SYSTEM	123	5136	12326	7190
		537	770	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE				
3404941	PITT CO MH/DD/S AS CENTER	8599	590	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8935	190	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	350	1588	5018	3430
		21	176	DUPLICATE OF CLAIM-SYSTEM				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	1233	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	84	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	34	1446	2152	706
		21	35	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	338	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	231	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	140	1379	4396	3016
		21	177	DUPLICATE OF CLAIM-SYSTEM				
3404944	EASTPOINTE HUMA N SERVICES	8505	631	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	290	DUPLICATE OF CLAIM-SYSTEM	315	1849	11828	9979
		8599	223	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM ENTAL HEALT	21	3351	DUPLICATE OF CLAIM-SYSTEM				
		8599	1605	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	657	8724	31250	22526
		5404	1302	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
3404957	TIDELAND MENTAL HEALTH CTR	8505	578	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	233	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	372	1301	2761	1460
		8931	166	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

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NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404959	DAVIDSON CO MEN	8524	33	CLAIM DENIED, PROVIDER MUST BE			
	TAL HLTH CT			DESIGNATED AS A BILLING			
				PROVIDER.			
		191	6	CLIENT ID NUMBER DOES NOT MATC	0	39	39
				H PATIENT NAME			0
3404979	NEW RIVER AREAM	8505	7729	CLAIM DENIED DUE TO INSUFFICIE			
	H/DD/SA PRO			NT BUDGET			
		8800	1057	FURTHER PROCESSING NECESSARY,	353	9813	10796
				PLEASE CHECK FOR CLAIM ON			983
				FUTURE RA'S.			
		8599	336	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			